

Recent colour  
photograph of the applicant  
(4.5 cm x 3.5 cm)  
with Sign/Left thumb  
impression across the photo of  
the applicant

## Request For Changes Or Correction in PAN Data [For an Individual]

Recent colour  
photograph of the applicant  
(4.5 cm x 3.5 cm)

[illegible][illegible]

Sr. No.

Tick Box

PART A - Personal Information

1.

Tick

A. Name

First Name

Middle Name

Last Name

Tick

B. Name (as per Aadhaar)

2.

Tick

Gender (select one)

Tick

Male

Tick

Female

Tick

Transgender

3.

Tick

Date of Birth

d

d

m

m

y

y

y

y

4.

Tick

Address

Tick

Residence

Tick

Office

(select one)

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

Country/Region

PIN / ZIP CODE

5.

Tick

Passport Number

6.

Tick

Taxpayer Identification Number in the Country of Residence

7.

Tick

Contact Details

(i) Mobile Number

Country Code

Mobile Number

(ii) Email ID

(iii) Landline No. with Country/ISD Code  
and Area/STD Code (if any)

Country/ISD Code

Area/STD Code

Landline Number

## PART B - Details of Parents

[illegible]

10. Name of parent to be printed on Permanent Account Number card (select one)	<input type="checkbox"/> Tick	Father	<input type="checkbox"/> Tick	Mother
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**Part C: Declaration by Applicant or by Representative Assessee on behalf of the Applicant**

11. Documents submitted as Proof of Identity, Proof of Address, Proof of Date of Birth of the Applicant & Proof of Change in support of proposed changes / corrections requested by the Applicant

☒ (i) Proof of Identity ☒ (ii) Proof of Address ☒ (iii) Proof of Date of Birth

Tick (iv) Documentay proof in support of other changes Tick (v) Copy of PAN

**Verification & Declaration**

a. I , ..... in the capacity of .....(Self/Representative Assessee) do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place.....

Date.....



(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee)

**(For an INDIVIDUAL)**

- | S. No.      |                            | Part A: Personal Information  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
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| 1           | Name & Name as per Aadhaar | <p>Name on Aadhaar is RAVIKANT, it should be written in S. No. 1 B as:</p> <table border="1"> <tr><td>R</td><td>A</td><td>V</td><td>I</td><td>K</td><td>A</td><td>N</td><td>T</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Name on Aadhaar is SURESH SARDA, it should be written in S. No. 1 B as:</p> <table border="1"> <tr><td>S</td><td>U</td><td>R</td><td>E</td><td>S</td><td>H</td><td></td><td>S</td><td>A</td><td>R</td><td>D</td><td>A</td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Name on Aadhaar is POONAM RAVI NARAYAN, it should be written in S. No. 1 B as:</p> <table border="1"> <tr><td>P</td><td>O</td><td>O</td><td>N</td><td>A</td><td>M</td><td></td><td>R</td><td>A</td><td>V</td><td>I</td><td></td><td>N</td><td>A</td><td>R</td><td>A</td><td>Y</td><td>A</td><td>N</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Name on Aadhaar is M.S. KANDASWAMY (MADURAI SOMASUNDRAM KANDASWAMY), it should be written in S. No. 1 B as:</p> <table border="1"> <tr><td>M</td><td></td><td>S</td><td></td><td>K</td><td>A</td><td>N</td><td>D</td><td>A</td><td>S</td><td>W</td><td>A</td><td>M</td><td>Y</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | R | A | V | I | K | A | N | T |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  | S | U | R | E | S | H |  | S | A | R | D | A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | P | O | O | N | A | M |  | R | A | V | I |  | N | A | R | A | Y | A | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | M |  | S |  | K | A | N | D | A | S | W | A | M | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <p>Name to be written in S. No. 1 A as:</p> <table border="1"> <tr><td>First Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last Name</td><td>R</td><td>A</td><td>V</td><td>I</td><td>K</td><td>A</td><td>N</td><td>T</td><td></td></tr> </table> <p>Name to be written in S. No. 1 A as:</p> <table border="1"> <tr><td>First Name</td><td>S</td><td>U</td><td>R</td><td>E</td><td>S</td><td>H</td><td></td><td></td><td></td></tr> <tr><td>Middle Name</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Last Name</td><td>S</td><td>A</td><td>R</td><td>D</td><td>A</td><td></td><td></td><td></td><td></td></tr> </table> <p>Name to be written in S. 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| R           | A                          | V   | I | K | A | N | T |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
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| S           | U                          | R   | E | S | H |   | S | A | R | D | A |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
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|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| P           | O                          | O   | N | A | M |   | R | A | V | I |   | N | A | R | A | Y | A | N |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| M           |                            | S   |   | K | A | N | D | A | S | W | A | M | Y |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| First Name  |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Middle Name |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Last Name   | R                          | A   | V | I | K | A | N | T |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| First Name  | S                          | U   | R | E | S | H |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Middle Name |                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Last Name   | S                          | A   | R | D | A |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| First Name  | P                          | O   | O | N | A | M |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Middle Name | R                          | A   | V | I |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Last Name   | N                          | A   | R | A | Y | A | N |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| First Name  | M                          | A   | D | U | R | A | I |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Middle Name | S                          | O   | M | A | S | U | N | D | R | A | M |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| Last Name   | K                          | A   | N | D | A | S | W | A | M | Y |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
|             |                            | <p>(i) It is a mandatory field.</p> <p>(ii) Name should <b>not</b> be prefixed with any title such as Shri/Mr, Smt/Mrs, Kumari/Ms, Dr., Major etc.</p> <p>(iii) <b>Do not</b> use abbreviations in the Name column of S. No. 1 A.</p> <p>(iv) If Aadhaar name contains initials, then <b>expanded name</b> should be filled in the Name column of S. No. 1 A.</p> <p>(v) <b>Aadhaar name will be printed on the PAN card.</b></p> <p>(vi) For exempt categories, initials in the first and the last name are <b>not</b> allowed.</p>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |
| 2           | Gender                     | It is mandatory to select one of the options as applicable.   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |   |  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |            |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |   |   |   |  |            |   |   |   |   |   |   |  |  |  |             |  |  |  |  |  |  |  |  |  |           |   |   |   |   |   |  |  |  |  |            |   |   |   |   |   |   |  |  |  |             |   |   |   |   |  |  |  |  |  |           |   |   |   |   |   |   |   |  |  |            |   |   |   |   |   |   |   |  |  |  |  |             |   |   |   |   |   |   |   |   |   |   |   |           |   |   |   |   |   |   |   |   |   |   |  |

